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Thesis/Dissertation

Factors Affecting use of Natural Family Planning in Utah

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FACTORS AFFECTING USE OF NATURAL
FAMILY PLANNING IN UTAH

by

Eileen Marie Knapp

A thesis submitted to the faculty of
The University of Utah
in partial fulfillment of the requirements for the degree of

Master of Science

College of Nursing
The University of Utah

June 1990

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THE UNIVERSITY OF UTAH GRADUATE SCHOOL

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ABSTRACT

There are three modern methods of natural family planning (NFP) currently available. These methods have been found to have high rates of effectiveness, and the unique benefit of no physical side effects. In this country a very small percentage of people rely on these methods of family planning, and a review of the literature revealed several factors that contribute to this low rate of use.

This descriptive study was conducted to discover what factors affected use of natural family planning in Utah. A survey was designed by the investigator and mailed to 189 persons in Utah who had received instruction in NFP. Sixty-seven females completed and returned the survey as did 40 of their spouses.

This group indicated that they received family planning information from a variety of sources, and that many of those sources provided inaccurate information about NFP. The majority of this group wished they had been informed about NFP sooner which highlights a need for increased public awareness and increased education of health professionals about modern NFP methods. —→

In general this group found that when they discussed NFP with physicians, they received a negative response. Yet, this response did not affect their decision to use or not use the NFP method.

The factors that were most frequently cited as facilitating use of NFP were: (a) contact with other NFP users and (b) a belief that NFP is the only right way to regulate family size.

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CHAPTER I

INTRODUCTION AND LITERATURE REVIEW

Of all the methods of family planning probably the least well known and least well understood are the natural methods. For centuries people have used some knowledge of the fertile and infertile days of menstrual cycles to achieve or avoid pregnancies. However, it was not until the 1920s that a basic understanding of menstrual cycles resulted in the calendar rhythm method of family planning. Ogino in Japan and Knaus in Austria are credited with first recognizing that ovulation occurs 12 to 16 days prior to the next menstruation (Matis, 1983). Although calendar rhythm has proven to be rather unreliable, it was the beginning of modern natural family planning (NFP). Since then three other, more effective, methods have been the subject of much research. The three methods of NFP that are promoted today are: basal body temperature (BBT) method, the ovulation (mucus only) method, and the sympto-thermal method.

In 1934 Hillebrand recognized the "thermal shift" that occurs in a woman's basal body temperature at the time of ovulation. The BBT method of family planning that developed proved to be far more effective than calendar

rhythm. However, the main disadvantage with this method was that it only indicated ovulation after it occurred, and therefore was not useful in predicting when ovulation would occur. It was also not useful for predicting ovulation in some situations where ovulation was absent or irregular such as during breast feeding or premenopause. Despite these disadvantages, the BBT method is still useful for detecting ovulation in the evaluation of infertility.

By the late 1950s, the Billings, in Australia, developed the ovulation method of family planning which is based solely on a woman's observations of cervical mucus. It became known that maximal cervical secretions occur at the time of ovulation when estrogen levels are highest (Ross & Vollman, 1979). The Billings demonstrated that most women can be taught to identify the changes in mucus and therefore recognize both fertile and infertile days.

The third method taught today, the sympto-thermal method (STM), was also developed in the 1950s (Matis, 1983). The STM takes into account the basal body temperature, changes in the cervix and cervical mucus, and subjective changes such as breast tenderness and "mittelschmerz" (lower abdominal pain felt at the site of and at the time of ovulation). By utilizing all available signs of fertility, promoters of this method hope to

provide couples with a way to identify the fertile and infertile days with greater assurance.

Results of several studies have found these natural methods to have high rates of effectiveness. The BBT method has been found to have a method effectiveness of 98-99% and a user rate of 80-99% depending on how strictly the rules of the method are followed. The most recent and comprehensive study of the ovulation method was a five-country trial completed by the World Health Organization in 1979 (Gibbons & Kirns, 1981). This study found a 97.2% method effectiveness, and 80% user effectiveness. As with all nonsurgical methods of family planning, the user effectiveness rate depends on the quality of instruction, and the motivation of the couples. The sympto-thermal method has been found to have a method effectiveness of 98-99%, while studies in Austria, Canada, Colombia, France, Germany, Mauritius, and the United States have demonstrated a user effectiveness ranging from 85-99% (Kippley, 1986). These methods have the added advantage of being useful in attempting to achieve pregnancy as well.

Couples seek NFP for a variety of reasons including: discontent with available contraceptives and fear of their medical side effects, religion, and the growing realization that fertility is not a disease that requires medical intervention (Klaus, 1982b). However, in recent years

there has only been a slight increase in the number of users of these safe, reliable methods of family planning.

Use of Natural Family Planning in the USA

Nationwide only approximately 4% of women of childbearing age rely on natural methods of family planning (Forrest & Fordyce, 1988). Even though NFP is the only family planning method accepted by the Catholic Church, only 5% of American Catholics use these methods. A local unpublished survey of Catholic couples planning marriage in Utah showed that 50% had ever heard of the modern methods of NFP, but over 90% would consider them in their marriage (Kreautler & Kreautler, 1988).

Factors Affecting the Use of Natural Family Planning

Factors identified that contribute to a lack of knowledge about and effective use of NFP include: (a) uninformed health care professionals, (b) erroneous statistics regarding effectiveness, (c) need for more extensive client instruction, (d) difficulty merging NFP with artificial contraception, (e) lack of unity among promoters of NFP, and (f) negative emphasis on periodic abstinence.

Uninformed Health Care Professionals

Few health care providers are knowledgeable about modern effective methods of NFP, and frequently confuse

them with Calendar Rhythm which is not advocated by natural family planners as an isolated method (Klaus, 1982a). There seems to be little exposure in medical school, based on a discussion of the subject with several physicians. The rare physician who does mention NFP to his colleagues may be faced with ridicule. A brief article addressed this point in mentioning a recent contraceptive update for the teaching staff at a university hospital in the U.S. The update discussed all the latest methods of birth control except for natural family planning. At the question and comment session at the end, one young doctor said he thought the patient had the right to know about NFP. The entire room of attending physicians, residents, and teaching staff silenced him with laughter (Shivananden, 1987). Also the Obstetric and Gynecology textbooks offer very little information about NFP. Williams Obstetrics devotes approximately one-third of a page to all natural methods lumped together and emphasizes the ineffectiveness of Calendar Rhythm (Pritchard, 1985). Another current Obstetrics/Gynecology textbook emphasizes the need for regular menstrual cycles (which is not necessary for the Billings or Sympto-thermal methods), and it also questions the effectiveness of the modern NFP methods by stating: "large scale controlled studies on the reliability of fertility awareness must be completed before their practicality can be regarded as

established" (Pernoll, 1987, p. 590). Although this text was written after Dr. Klaus published a review of natural family planning in which over 24 studies of NFP effectiveness were summarized (Klaus, 1982a), the authors of this obstetric text did not seem to be aware of them. The nursing textbooks are quite similar. After reading these texts it was very easy to see why many NFP users had found practically no support from health care personnel.

On a day-to-day basis health care providers are exposed to volumes of information in the form of advertising about artificial contraception, especially oral contraceptive pills, and they are rarely exposed to information about NFP. A review of five obstetric and gynecologic journals showed that advertisements which promoted oral contraceptives generated 23.8% of the total revenues from advertising (Slacks & Hilgers, 1985). In contrast, a mere fraction of these dollars is currently being devoted to the promotion of NFP. As a result, contraception, not NFP, is what health care providers are exposed to on a daily basis.

Erroneous Statistics Regarding Effectiveness

Health care providers and their clients are both influenced by the erroneous statistics quoted in many publications which are distributed by family planning clinics. A Planned Parenthood publication based on two retrospective surveys from 1973 and 1976 lists a first

year failure rate for "rhythm" as 23.7% (Kippley, 1986). Although this figure did not distinguish between calendar rhythm (which is known to be ineffective) and the more effective sympto-thermal and ovulation methods, it is still a statistic that is frequently quoted today.

It is also inherently difficult to compare user rates of pregnancy between those using artificial contraception and those using NFP. Many of the current NFP users are in stable (usually married) relationships where the addition of another child is not viewed as the end of the world, but as a blessing, whether it was "planned" or not. Therefore the motivation to follow the rules of abstinence all the time may not be high and the user pregnancy rate may be relatively high. Indeed, in many of the studies of NFP effectiveness, like the HEW Los Angeles Study, the only persons accepted for the study were persons who had no serious reasons to avoid pregnancy. The HEW study participants were required to sign an informed consent stating their awareness that the chances of pregnancy occurring could be as high as 25% (Wade, 1981). This results in a selection bias against user effectiveness in this study. For these reasons, it is very important that clients be given all the statistics about NFP, including the method effectiveness of 97-99%. Then couples with serious reasons to avoid pregnancy, who are willing to

follow the rules, would realize that these methods can be very effective for them.

Need of More Extensive Client Instruction

The natural methods require more time and instruction initially than does artificial contraception. For most methods of artificial contraception the health care provider can expect clients to effectively use the method after one or two clinic visits. NFP, on the other hand, usually requires a 2-hour class session each month for at least 4 months before the couple can be autonomous. In one study evaluating client autonomy in NFP the median learning time was 8 months (Kambic & Martin, 1988). This does not mean that the couples were not able to use the method during that time, but that they still needed occasional consultation with their instructor to recognize and understand the fertile and infertile days. Most health care providers are more willing to prescribe the pills or devices that require less provider time.

For health care providers whose productivity and income are determined by the number of clients they see each day, spending a lot of time on teaching is not viewed as productive. The time spent teaching NFP may not be considered a wise investment for a provider trying to build a practice, for once the couples have achieved autonomy they would never require additional visits for

family planning. If health care providers viewed self care as a desirable goal for their clients in all areas of health, including family planning, then autonomy with NFP could be viewed as desirable.

There seems to be a corollary between NFP and the natural childbirth movement in the United States. Because anesthetizing women and trying to speed up the process of birth seemed easier, that became the routine. Now that it is clear that increased time and instruction prior to the birth can be beneficial to all concerned, that has become the routine. But physicians and midwives, in many cases, have allowed others to take on the task of childbirth education, so we now have certified childbirth educators who are not health care providers. This relinquishing to others is desirable for many health care providers. Yet, it seems that in family planning they want to maintain control, and are reluctant to refer to certified NFP instructors, even though they may not have the interest to conduct the lengthy instructional process themselves. This leads to the fourth problem, which is difficulty merging NFP with artificial contraception.

Difficulty Merging NFP with Artificial Contraception

Proponents of natural methods of family planning often have a strong religious basis, believing that

fertility is a gift from God which requires cooperation, and that to promote the destruction or ablation of fertility is fundamentally wrong (Lisken, 1981). Therefore, the experienced teachers of NFP who are dedicated to its success offer only natural methods of family planning. Many of the organizations that certify instructors in NFP require interested persons to sign a statement that they will not recommend any form of artificial contraception. In contrast, the government agencies that provide funding for family planning programs, require programs to offer a choice among multiple family planning methods (Lisken, 1981). As a result, the majority of publicly funded family planning programs do not have persons qualified to teach NFP. In Utah, a major publicly funded family planning program, Planned Parenthood, did not maintain a list of NFP instructors to refer clients to for instruction.

In the United States the Catholic Church is the only large organization that actively promotes NFP, and yet a 1986 Diocesan Activity Report indicated that of 86 diocesan NFP programs only 14 had what could be classified as operating budgets. Most programs depend almost entirely on dedicated volunteers (Boys, 1988).

Although there were no studies identified during the literature review to verify the following, one can speculate that non-Catholic persons interested in NFP

might hesitate to take classes which are only offered through the Catholic Church. This may have particular importance in Utah, where Catholicism is not the predominant religion.

Lack of Unified Effort Among
Promoters of NFP

The individual organizations that promote different methods of NFP, such as World Organization/Ovulation Method/Billings (WOOMB), which obviously promotes the ovulation method, and the Couple to Couple League (CCL), which promotes the sympto-thermal method, do not often work together. Each organization favors their particular version of NFP to the exclusion of other methods. They also spend time during teaching sessions explaining why their particular method is superior to another method, and therefore rarely refer clients to other organizations for instruction. It would seem that a unified effort among these many organizations would benefit the organizations themselves, and would certainly benefit those couples who might be interested in learning NFP.

A recent issue of a newsletter published by the Couple to Couple League indicates that there has been a move toward unification (CCL, 1989). A coalition was formed in June 1989 of six national organizations that promote chastity education. The objectives of this

network include maintaining a list of currently available programs and services, and encouraging research that supports chastity. The organization known as WOOMB was noticeably absent from the list of organizations in this network. The reason for this is not clear.

Negative Emphasis on Periodic Abstinence

Periodic abstinence is often presented as a major obstacle to NFP when it is discussed in family planning clinics. In this country delayed gratification is not the norm, and indeed, this aspect of NFP may be the primary reason why couples never consider NFP as a viable option. However, Annmarie Kirsch compared NFP to other worthwhile experiences in life that challenge us. She points out that many people sign up for programs, such as Outward Bound, which leave people with the exhilaration of accomplishment after persevering in what seems like extremely difficult tasks. NFP does require short periods of abstinence, and most couples would agree that at times that can be difficult, yet the abstinence itself enriches the sexual experience and relationship. Periodic abstinence is associated with the "Honeymoon Effect," or the renewal of the couple's attraction and appreciation of one another (Kirsch, 1989).

There were two studies cited in Challenge To Love (Shivanandan, 1979) in which the question of difficulty

with the abstinence required by NFP was addressed. The first study was done in 1967 with couples using the Basal Body Temperature method (which requires longer periods of abstinence than the modern methods which utilize the mucus sign of fertility). Of the 820 individuals, 365 men and 291 women stated they had difficulty with the abstinence, yet the majority were satisfied with the method and believed it helped their marriage. The second study, the Fairfield Study, was an international research project on the effectiveness of the sympto-thermal method. Ninety-two couples were asked to rate their experience with abstinence. Although over 80% noted difficulty with abstinence, the couples were generally satisfied with the method and noted a slight improvement in marital and sexual happiness.

The opinion that natural methods of family planning result in a significant decrease in the frequency of intercourse seems to be erroneous. Again Shivanandan (1979) cites two studies. The first study, in 1976, asked couples practicing NFP about the frequency of intercourse. The average for these couples was 5.95 times per month. A second study done by Westoff in 1974 asked the same question about the frequency of intercourse of couples using artificial methods, and found the average to be 6.25 times per month. In all age groups the average was only slightly higher for those using artificial methods.

Reason For This Study

There have been numerous studies documenting the effectiveness of modern natural family planning methods, and there is a group of people who, for various reasons, prefer these methods over artificial methods of contraception. However, for the reasons previously discussed it seems to be difficult for individuals to find out about and use these methods. There is a lack of research that identifies the factors that hinder and facilitate the use of natural family planning. This information is basic to any program planning which might address the goal of making NFP more available to couples who could benefit from it. Therefore, this study proposes to address the following question.

Research Question

What factors helped or hindered Utah couples in finding out about and effectively using natural family planning methods?

CHAPTER II

METHODOLOGY

Study Design and Sample

The research approach was a descriptive survey of Utah couples who had received instruction in any method of natural family planning. A convenience sample was obtained by snowball sampling (i.e., referrals by couples and teachers who know other couples and teachers).

A convenience sample is necessary because it is difficult to identify couples who use NFP. All the known certified instructors in Utah were contacted to obtain lists of couples they had taught. Also an announcement was placed in all 44 Catholic Church bulletins in Utah and in the Catholic newspaper asking NFP users to contact the investigator if they would be interested in participating in a survey. Finally, several editors of national NFP newsletters were asked if they would either share their Utah mailing list or publish an announcement about the survey in their newsletters. Two editors responded that they could help. The first to respond, Northwest NFP Services, sent a letter to the 2 people on their mailing list in Utah. The second editor to respond was with the Couple to Couple League (CCL) newsletter. He agreed to

forward approximately 54 surveys to CLL members in Utah, thus helping with the survey without divulging names and telephone numbers from their mailing list. All other couples were contacted in advance by telephone to determine their willingness to complete a written questionnaire.

Instrument

A written questionnaire was mailed to each consenting subject. Items were generated to answer the following categories of questions: (a) finding out about NFP, (b) learning to use NFP, (c) satisfaction with the method, (d) how others respond to their use of NFP, and how that response affects their continued use of the method, and finally, (e) demographic data.

There was no instrument previously designed for this purpose. Therefore, while the subjects were being identified as previously explained, a questionnaire (Appendix A), was designed by the investigator. A review of the literature resulted in identification of topic areas, and items were generated with consultation of experts in the field of NFP. Dr. Grace Boys, who conducted the nationwide survey of NFP users for the Diocesan Development program, offered some advice on design. A survey researcher in the Department of Epidemiology at the University of Utah, also reviewed the

questionnaire, and made suggestions for improvement. The outline of the study, the questionnaire, and cover letter were approved by the Institutional Review Board of the University of Utah prior to beginning the study.

Procedure

Prior to mailing the survey a pretest of 5 couples was conducted to ensure that the items were clearly worded and that there was a full range of responses. These test couples completed not only the survey, but also an evaluation form (Appendix B). The questionnaire was revised according to the findings of the pretest. The survey was mailed in early October 1989, with a second mailing 2 weeks later. A cover letter (Appendix C) accompanied the questionnaire that explained the study and the fact that consent to use the results was implied by returning the questionnaire.

Data Analysis

The statistics were computed at the University of Utah Computer Center using SPSSX (the Statistical Package for Social Sciences). All descriptive statistics were obtained, including frequency distributions, means, standard deviations, and ranges. Statistics were computed on males and female separately and as a total group where applicable. Descriptive statistics were also computed

that compared the results of spouses among the married pairs. Where applicable, T-tests of selected variables were obtained.

CHAPTER III

RESULTS AND DISCUSSION

Sample

One hundred eighty-nine men and women in Utah were identified as possible participants in the survey. In October 1989 189 surveys were mailed out and 107 were returned. This represents a total response rate of 56.6%, and a response rate of 43% for men and 71% for women. All of the returned surveys were usable. This sample consisted of 40 males and 67 females, and all 40 of the males were married to one of the 67 responding females. Sixty-six of the females were married and 1 was separated (Table 1).

The mean age for the males was approximately 34 years, while the women were on the average 2 years younger with a mean age of approximately 32 years. The mean total family income was approximately \$33,000 per year, but there was a wide range, from \$8,000 to \$100,000 (Table 1).

This group, as a whole, was well educated with average years of education being slightly over 15 for both males and females (Table 1). Almost 88%, or 94, of the respondents were Caucasian, 10.3% were Spanish American, and 1 respondent was Oriental (Table 2). This is

Table 1
Demographic Data (Age, Marital Status, Income,
Education, and Children)

	Males N = 40	Females N = 67	Total N = 107
Age (Years)			
Mean	33.8	32.3	32.82
Standard deviation	7.8	7.1	7.40
Range	23-63	21-51	21-63
Marital Status			
Married	40	66	106
Separated	0	1	1
Total Family Income			
Mean	32,800	32,500	--
Standard deviation	17,600	16,200	--
Range	8,000- 100,000	8,600- 100,000	--
Years in School			
Mean	15.4	15.1	15.19
Standard deviation	2.2	1.8	1.9
Range	12-20	12-19	12-20
Number of Children			
Mean	2.3	2.6	--
Standard deviation	1.8	1.9	--
Range	0-7	0-8	--

Table 1 Continued

	Males N = 40	Females N = 67	Total N = 107
Number of Children Intended			
Mean	3.9	4.1	--
Standard deviation	1.9	1.6	--
Range	2-9	2-8	--

Note. N = 107

Table 2
Demographic Data (Race)

	Males N = 40		Females N = 67		Total N = 107	
	N	%	N	%	N	%
Caucasian	35	87.5	59	88.1	94	87.9
Oriental	1	2.5	0	0	1	0.9
Spanish American	3	7.5	8	11.9	11	10.3
No response	1	2.5	0	0	1	0.9
Total	40	100.0	67	100.0	107	100.0

Note. N = 107

reflective of the largely Caucasian population of Utah. This sample, on the average, had 2 to 3 children and planned to have approximately 4 children (Table 1). Of the 67 females, 11, or 16.4%, were currently pregnant (Table 3).

There was a total of 228 pregnancies reported by this group of females (Table 3), and of these, 22 were reported as unplanned while using a natural method of family planning. Due to the wording of the question and the great variance in length of time using NFP, it was impossible to determine a NFP effectiveness rate for this sample. However, of the 22 unplanned pregnancies recorded, the cause of the unplanned pregnancies were categorized as follows: 3, or 13.6%, were teacher related (i.e., inadequate instruction), 4, or 18%, were method related (i.e., pregnancy despite correct use of method), and 15, or over 68%, were user related (i.e., rules of the method were not followed). For the individual women the average number of pregnancies was 3.4. See Table 4 for all pregnancy outcomes.

Over 96% stated they had a religious preference, and over 85% attended church at least once a week (Table 5). This was expected as religious beliefs are often a motivating factor in the use of NFP. In this sample approximately one-third were LDS, slightly over half were Catholic, less than 10% were Protestant, and less than 1%

Table 3
Number of Pregnancies by Individual Females

	N of Females	%	N of Pregnancies	%
Number of pregnancies				
0	5	7.5	--	--
1-3	36	53.7	81	36
4-6	19	28.4	90	39
7-10	7	10.5	57	25
Total	67	100.1 ^a	228	100
Currently pregnant	11	16.4	--	--

Note. N = 67

^aRounding error

Table 4
Pregnancy Outcomes (Females)

Number of Events/Females	Mean	Standard Deviation	Range
Pregnancies	3.40	2.3	0-10
Live births	2.70	1.9	0-8
Still births	0.10	0.2	0-1
Miscarriages	0.40	0.8	0-4
Abortions	0.10	0.3	0-1
Ectopics	0.01	0.1	0-1

Note. N = 67

Table 5
Demographic Data (Religion)

	Males N = 40		Females N = 67		Total N = 107	
	N	%	N	%	N	%
Religious Preference						
Yes	38	95.0	65	97.0	103	96.3
No	2	5.0	2	3.0	4	3.7
What Religion						
LDS	11	27.5	23	34.3	34	31.8
Catholic	21	52.5	36	53.7	57	53.3
Protestant	5	12.5	5	7.5	10	9.3
Other	0	0	1	1.5	1	0.9
No response/ not applicable	3	7.5	2	3.0	5	4.8
Total	40	100.0	67	100.0	107	100.1 ^a
Church Attendance						
Never	2	5.0	0	0	2	1.9
< 1/month	6	15.0	4	6.0	10	9.3
1-2/month	1	2.5	3	4.5	4	3.7
1/week	21	52.5	43	64.2	64	59.8
> 1/week	10	25.0	17	25.4	27	25.2
Total	40	100.0	67	100.1 ^a	107	99.9 ^a

^aRounding error

listed "other." This breakdown by religion is not reflective of the predominantly LDS population of Utah. This may be due to the method of sampling. However, the use of Catholic Church bulletins and the ad in the Catholic newspaper only produced 4 respondents to the survey. The other less religiously biased sampling methods produced the vast majority of respondents. The breakdown could well reflect the religious preferences of the total NFP population in Utah, as nationwide, Catholics have represented a larger portion of those who use NFP.

This demographic information, especially that related to religion and number of children intended, is reflective of NFP users nationwide. The national study completed in 1988 also found that the majority of respondents attended church weekly and planned to have 2 boys and/or 2 girls (Boys, 1988). The statistics point out specific social and cultural characteristics of the typical NFP user. For those who choose NFP, often strong religious beliefs govern their decisions. Typically these beliefs include a conviction that all human life is sacred and that to cooperate with God in the creation of other human beings is a central part of the meaning of sexual intercourse.

So in today's society where there is much concern about overpopulation and the ideal family size is often quoted as less than 2 children, NFP users are not "typical Americans." For many NFP users a small family is not

necessarily considered a positive goal even though this goal is widely promoted by segments of the general public.

In this sample 38, or 95%, of the males were employed outside the home (Table 6). Of the 2 who were not, 1 was retired and the other had a wife who also did not work outside the home, and yet they reported an annual income of \$48,000, so it may be that they had their own business and worked from their home. Of the females 30, or approximately 45%, were employed outside the home. Four, or 10%, of the males worked swing shifts, while only 3, or 4.5%, of the women did. This rate of shift workers is less than the national average, which is reported to be 25% of Americans (Polakoff, 1989). When the couples who were married were matched on this question, 1 couple stated that both partners worked swing shifts, so there was a total of 6 households in this sample in which at least 1 partner worked shifts. This has significance for natural family planning for three reasons. First, it could be that there is a smaller percentage of shift workers in this sample due to the fact that many shift workers view natural family planning as an impossibility. Many people equate natural family planning with basal body temperature taking which can indeed be difficult to do accurately with erratic schedules. If people were aware of the ovulation method or the mucus only rules suggested

Table 6
Employment and Shift Work

		Males N = 40				Females N = 67				Total N = 107			
		Yes		No		Yes		No		Yes		No	
		NA/No Response		NA/No Response		NA/No Response		NA/No Response		NA/No Response		NA/No Response	
		N	%	N	%	N	%	N	%	N	%	N	%
Employed outside home		38	95	2	5	0	0	30	44.8	37	55.2	0	0
Work swing shifts		4	10	34	85	2	5	3	4.5	25	37.3	39	58.2
										7	6.5	59	55.1
												41	38.3

Note. N = 107

by sympto-thermal method promoters, then they might consider natural methods of family planning.

Of course the second perceived problem of merging shift work and NFP is the fact that shift work itself can impose periods of abstinence, especially for couples who work opposite shifts and have children. When shift workers first consider NFP, they may conclude that with an additional period of abstinence imposed by the method there would be no days/nights available for intercourse. This may be a group of people who would benefit from talking to those shift workers who have successfully used NFP.

The third implication that shift work has on NFP is the fact that recent research has shown that the presence of light during a woman's primary sleeping hours can affect the hormones which govern her menstrual cycle (Ek, 1989). A nurse researcher, Joy De Felice, has found that too much light can cause an extended mucus pattern, and a lack of "early dry days" (days recognized as infertile), which makes identifying the peak mucus symptom difficult. She has shown that eliminating the light can correct these problems, and this is something that NFP teachers should be aware of when instructing shift workers about NFP.

Previous Information About and Use of
Family Planning Methods

When this sample was asked about sources of information on family planning, both men and women cited friend most frequently, 42.5% and 55.2%, respectively (Table 7). A large percentage of both groups cited relatives, church, and media as sources of family planning information also. This was an expected response, as studies have shown that men and women learn about contraception from the media and peers rather than from health professionals (Swanson, 1988). Swanson developed the concept of privatized discovery, in which she states that people learn to use contraceptive options over time, and through repeated and very private attempts.

Health class was fifth in the order of most frequently cited in this group, with 11, or 27.5%, of males, and 20, or 29.9%, of females citing this as a source of family planning information. However, classes in schools do not necessarily present complete information on NFP, as a comment from one of the respondents points out. "I wish they would teach it better to students in high school who have to take sex education class. I thought of it as a joke in high school." There was a large discrepancy between males and females in regards to a physician as a source of information. Twenty-five, or over 37%, of women cited a physician while only 5, or

Table 7
Sources of Information About Family
Planning/Contraception

	Males N = 40		Females N = 67		Total N = 107	
	N	%	N	%	N	%
Friends	17	42.5	37	55.2	54	50.5
Relatives	15	37.5	32	47.8	47	43.9
Church	18	45.0	26	38.8	44	41.1
Media	11	27.5	24	35.8	35	32.7
Other health professional	3	7.5	6	9.0	9	8.4
Family planning clinic	2	5.0	9	13.4	11	10.3
Physician	5	12.5	25	37.3	30	28.0
Health class	11	27.5	20	29.9	31	29.0

Note. More than one response possible.

12.5%, of men did so. This is expected due to the fact that women are seen by health providers/gynecologists on a regular basis, and family planning is usually addressed during these visits. For men there is no regularly scheduled reproductive exam and therefore they naturally have less contact with physicians. This emphasizes that in our culture family planning is often viewed as primarily a female responsibility.

When asked what was the source of most information about family planning many did not respond. This may be due to the fact that this was the second part of a question and many just did not remember to answer it after they answered part one. However, of those who responded, friends and relatives were cited most frequently and health class was a close third choice (Table 8).

The survey also asked those who had actually used NFP to rate the information they had received about NFP from different sources. Many left sources blank indicating that they had not received information about NFP from those particular sources. However, of those who responded, church was cited as giving the most accurate information with a mean of 3.5 for men and 3.69 for women (Table 9). (This was a rating on a Likert scale with 1 being very inaccurate and 5 being very accurate.) For friends, the mean was slightly above 3, or slightly accurate for both men and women, and media was scored as

Table 8
Source of Most Information About
Family Planning

	Males N = 40		Females N = 67		Total N = 107	
	N	%	N	%	N	%
Friends	5	12.5	8	11.9	13	12.1
Relatives	3	7.5	9	13.4	12	11.2
Church	3	7.5	5	7.5	8	7.5
Media	0	0	3	4.5	3	2.8
Other health professional	0	0	0	0	0	0
Family planning clinic	0	0	6	9.0	6	5.6
Physician	0	0	5	7.5	5	4.7
Health class	4	10.0	6	9.0	10	9.3
No response ^b	25	62.5	25	37.3	50	46.7
Grand total	40	100.0	67	100.1 ^a	107	99.9 ^a

^aRounding error

^bHigh "No response" rate attributed to wording of question

Table 9
Accuracy Rating of NFP Information From
Various Sources

	Males	Females
Friends		
Number	19	36
Mean	3.42	3.33
Standard deviation	1.02	1.33
Range	2-5	1-5
Relatives		
Number	14	25
Mean	3.28	2.92
Standard deviation	1.2	1.19
Range	2-5	1-5
Media		
Number	17	30
Mean	2.88	2.7
Standard deviation	1.41	1.39
Range	1-5	1-5
Church		
Number	18	29
Mean	3.5	3.69
Standard deviation	0.71	0.85
Range	2-5	2-5

Table 9 Continued

	Males	Females
Physician		
Number	9	28
Mean	3.11	2.61
Standard deviation	0.93	1.1
Range	1-4	1-5
Other Health Professional		
Number	5	14
Mean	3.6	2.93
Standard deviation	0.89	1.27
Range	3-5	1-5

Notes. N = 107
 1 = Very inaccurate
 5 = Very accurate

slightly inaccurate by both groups with a mean of 2.88 for men and 2.7 for women. For the other three sources: physicians, other health professionals, and relatives, men rated their information as slightly accurate while women rated it as slightly inaccurate. However, for men there were only 9 who noted receiving any NFP information from a physician, and only 5 men who received any NFP information from other health professionals. There was no source that stood out as highly accurate or inaccurate as all the means were between 2.61 and 3.69.

When asked about use of artificial contraception prior to finding out about NFP 28, or 70%, of males indicated that they had used artificial contraception before. Forty-two, or 62.7%, of women also indicated prior use of artificial contraception. Thirty-five, or over half the women, and 27, or over 67%, of the men, wished they had been informed about NFP sooner. This again demonstrates the need for increased public awareness of the modern effective methods of NFP. There may well be many more people who would choose to use NFP if they knew there were effective methods available.

Use of Natural Family Planning

Of the 67 females, 62, or over 92%, had used a natural family planning method at some time (Table 10). Many had used more than 1 method at different times in

Table 10
Natural Family Planning Methods Ever Used

		Total Males N = 40				Total Females N = 67			
		Yes		No		NA/No Response		Yes	
		N	%	N	%	N	%	N	%
Ever used NFP		39	97.5	1	2.5	0	0	62	92.5
								5	7.5
								0	0
Calendar rhythm		7	17.5	28	70.0	5	12.5	17	25.4
								45	67.2
								5	7.5
Basal body temperature		2	5.0	33	82.5	5	12.5	10	14.9
								52	77.6
								5	7.5
Ovulation method		17	42.5	18	45.0	5	12.5	36	53.7
								26	38.8
								5	7.5
Sympto-thermal method		20	50.0	15	37.5	5	12.5	37	55.2
								25	37.3
								5	7.5

Note. N = 107

their lives. Over 55% had used the sympto-thermal method and approximately 54% had used the ovulation method. However, only one-quarter had ever used calendar rhythm, and less than 15% had used basal body temperature only as a method. When asked what method they used most recently 25, or about 40%, of the women indicated the sympto-thermal method, while 22, or about 35%, indicated the ovulation method. About 3% marked calendar rhythm and only 1 woman marked basal body temperature as the method used most recently. The male data were quite similar for these questions (Tables 10 and 11). Only 1 male respondent had never used NFP, and the sympto-thermal and the ovulation methods were most frequently cited as the method used most recently. It may be that most NFP users in Utah are using either the sympto-thermal or ovulation method. Or this may also be reflective of the sampling procedure, as the majority of respondents were located from lists obtained from NFP instructors, and these instructors were all teachers of either the sympto-thermal or ovulation methods.

Of the 62 females who had ever used NFP, 54% were currently using a natural method of family planning. Again the sympto-thermal method was being used by most (48.5%) of these women, and ovulation method users were the next most frequent, with 45.5% (Table 12). There was only 1 woman using basal body temperature only, and no

Table 11
Natural Family Planning Methods Recently Used

	Males N = 39		Females N = 62	
	N	Yes %	N	Yes %
Calendar rhythm	1	2.6	2	3.2
Basal body temperature	0	0	1	1.6
Ovulation	11	28.2	22	35.5
Sympto-thermal	17	43.6	25	40.3
Other	0	0	3	4.8
No response	10	25.6	9	14.5
Total	39	100.0	62	99.9 ^a

Note. N = 101

^aRounding error

Table 12
Natural Family Planning Methods Currently Used

	Males N = 24		Females N = 33	
	N	Yes %	N	Yes %
Calendar rhythm	2	8.3	0	0
Basal body temperature	0	0	1	3.0
Ovulation	8	33.3	15	45.5
Sympto-thermal	14	58.3	16	48.5
Other	0	0	1 ^b	3.0
No response	0	0	0	0
Total	24	99.9 ^a	33	100.0

Note. N = 101

^aRounding error

^bThe 1 "other method" currently being used was ecological breast feeding (i.e., observing for signs of fertility without having cycles with breast feeding on demand).

females listed calendar rhythm as the current method. However, when the 40 married males were paired with their wives, there were 2 males who listed current use of calendar rhythm. These 2 wives listed a combination of calendar rhythm and the ovulation method. So there appears to be no one in the group actually using calendar rhythm as an isolated method. Except for the 2 cited above, there was agreement in the pairs on the method currently being used.

The fact that only 54% of the women were currently using NFP may give an impression that close to half have stopped using NFP. However, half of those women not currently using NFP were currently pregnant (Table 13). And based on the very high rates of satisfaction among this group, it is quite likely that many of those will resume use of NFP at the conclusion of the pregnancy.

Another reason for women not currently using NFP was dissatisfaction with the method which was marked by 4, or about 14%. Also 1 woman had reached menopause, and 1 was posthysterectomy (Table 13). Seven, or 25%, of those not currently using NFP checked "other" as the reason. Of these, most had been sterilized, 1 said she was too lazy and her husband worked shifts, and 1 gave medical reasons to avoid pregnancy as the reason.

For the males, their spouse's current pregnancy accounted for over three-fourths of those not currently

Table 13
Reasons for Not Using Natural Family Planning Currently

	Males N = 13		Females N = 28	
	N	%	N	%
Pregnant now	10	76.9	14	50.0
Dissatisfaction	1	7.7	4	14.3
Past menopause	0	0	1	3.6
Hysterectomy	0	0	1	3.6
Other	2	15.4	7	25.0
No response	0	0	1	3.6
Total	13	100.0	28	100.1 ^a

Note. N = 41

^aRounding error

using NFP. Only 1 stopped using NFP due to dissatisfaction with the method, while 2 had wives who had tubal ligations. Those who checked "other" and not "dissatisfaction," but who were now using sterilization as the family planning method, seem to indicate that they were satisfied with NFP for spacing pregnancies, but not for avoiding pregnancies after the family size was complete.

Of the 34 women currently using NFP 6, or 17.6%, were trying to achieve pregnancy, 12, or approximately 35%, were spacing pregnancies, and 15, or 44.1%, were trying to avoid pregnancy (i.e., did not wish to conceive more children) (Table 14). As all the 26 males currently using NFP are paired with 1 of the females, the 3 males, or 11.5%, who are trying to achieve pregnancy are married to 3 of the 6 females who are trying to achieve pregnancy. This holds true also for those males spacing (5, or 19.2%) and avoiding pregnancy (16, or 61.5%). When the married couples were compared, there were three discrepancies for the reason for use. Three of these women stated they were spacing pregnancies while their spouses stated they were trying to avoid pregnancy. Unless there was some misunderstanding of the question, these 3 couples seem to be in disagreement on their family planning intention.

It is noteworthy that one of the women trying to conceive made the following comment: "We use the method

Table 14
Reasons for Using Natural Family Planning Currently

	Males N = 26		Females N = 34	
	N	%	N	%
Achieve pregnancy	3	11.5	6	17.6
Space pregnancy	5	19.2	12	35.3
Avoid pregnancy	16	61.5	15	44.1
No response	2	7.7	1	2.9
Total	26	99.9 ^a	34	99.9 ^a

Note. N = 60

^aRounding error

to conceive, but we just have trouble conceiving. We don't know why." She had been observing mucus only, and it appears that in this case she would have been well advised to start taking her basal body temperature also. The presence or absence of a temperature rise would tell her whether or not she was ovulating, whereas cervical mucus would not. Unfortunately she indicated that during her instruction on NFP she was not taught about other methods of NFP and she was taught that the ovulation (mucus only) method was superior to other NFP methods.

There was a wide range of length of use of NFP, from 3 months to 30 years. The mean length of use for the males (64 months) and the mean length of use for the females (63 months), indicates that on the average these respondents had used NFP for slightly over 5 years (Table 15). The mean number of months the individuals used NFP before they were autonomous (i.e., confident enough in their own observations and chart interpretations to use the method without consulting their instructor) was 3-4 months. There was a median of 2 months listed by males and 3 months listed by females. The paired males reported slightly less time to achieve autonomy (3.1 months) than their wives reported (3.8 months), but it was not a significant difference. This time to achieve autonomy compares favorably with a study which specifically addressed client autonomy in NFP (Kambic & Martin, 1988).

Table 15
Total Time (Months) Using NFP and Time (Months)
Until Autonomous

	Males N = 36	Females N = 55
Total Time Using NFP		
Mean	64.3	62.9
Median	48.0	36.0
Standard deviation	68.4	77.75
Range	3-360	3-360
Number of Months of Use Until Autonomous		
Mean	2.96	4.11
Median	2.0	3.0
Standard deviation	2.45	3.16
Range	0-10	0-12

Note. N = 91

In that study there was a median of 6 months learning time.

Overall there was a high rate of satisfaction with NFP. On a scale of 1 to 5 the total group of women had a mean score of 4.35 and men had a score of 4.1 (Table 16). Among the paired couples the mean for women was 4.5 and the mean for their husbands was 4.1 which is a difference that is statistically significant ($t = 3.54$, $p = .001$). A factor that may have affected this comparison of mean satisfaction ratings among paired couples is that there was one couple who was at opposite poles on the satisfaction rating. One woman was very satisfied with NFP and yet her spouse was very dissatisfied. A study comparing male to female satisfaction was not found in the literature review, but one could speculate that women are the most likely to experience unpleasant side effects from the artificial methods of family planning and are therefore more pleased with a method that has no physical side effects.

For this group it seems that if there was a discrepancy about satisfaction with NFP, the woman's satisfaction rating had more to do with discontinuing use of the method. Of the 3 males who were dissatisfied with NFP, 2 were still currently using the method. On the contrary the one woman who marked 2 or dissatisfied on the

Table 16
Overall Satisfaction With NFP

	Males N = 39	Females N = 60
Mean	4.10	4.35
Standard deviation	0.93	0.71
Range	1-5	2-5

Notes. \bar{N} = 99
 1 = Very unsatisfied
 5 = Very satisfied

Likert scale for overall satisfaction, had stopped using the method because of this dissatisfaction.

Men may be slightly less satisfied with NFP than women due to the periods of abstinence required. However, a comment made by one of the males highlights the fact that overall there does not have to be a great decrease in frequency of intercourse, just a change in the timing. His comment was: "People ought to know, when we first went on the Billings method, our rate of intercourse doubled!" The overall high rate of satisfaction in this sample may indicate that those who are satisfied are more likely to return the survey, but one might also expect a high rate of return from those who are extremely dissatisfied.

Natural Family Planning Instruction

When the respondents were asked about the source of their referral to NFP both men and women cited "friends" as the referral source most often, 37.5% and 34.3%, respectively (Table 17). The next most frequently cited source for men was a relative which was marked by 11, or 27.5%, of men, followed by NFP teacher, then priest/minister. All other sources were cited by less than 10% of men. For women the second most frequently cited source was the media (26.9%), then priest/minister (19.4%), followed by relative (17.4%), and NFP teacher

Table 17
Referral Sources For NFP Instruction/Information

Referral Source for NFP	Males N = 40		Females N = 67	
	N	%	N	%
Relative	11	27.5	12	17.9
Friend	15	37.5	23	34.3
Priest/minister	3	7.5	13	19.4
NFP teacher	7	17.5	10	14.9
Family planning clinic	0	0	0	0
Physician	2	5.0	4	6.0
Other health professional	0	0	1	1.5
Media	3	7.5	18	26.9
Other	9	22.5	11	16.4
No response	0	0	1	1.5

Notes. N = 107
More than 1 response possible

(14.9%). It is interesting to note that no one was referred to NFP by a family planning clinic, and only 2, or 5%, of men and 4, or 6%, of women were referred by physicians. Also, only 1 woman and no men were referred by other health professionals. Health care professionals are frequently associated with, and actually necessary for the prescription of other family planning methods but, obviously, had very little to do with the use of NFP in this sample. This is consistent with the fact that many health professionals are not knowledgeable about NFP. Appendix E is included as a reference for health care providers. This shows the need for increased education of health care professionals about NFP, and increased awareness of sources of instruction available in the community. This is highlighted by a comment made by one of the women:

We had a long hard struggle finding someone who taught the Billings method. If there was more information about this in public places such as hospitals, churches, and clinics, possibly more people would be interested in finding out about this method.

Once these people were using NFP, their physician continued to have little effect on their use of the method. Over 90% of both men and women indicated that their physician's response had no influence on their decision to use/not use NFP (Table 18). However, 1 woman who commented that she had used a diaphragm for a few

Table 18
Physician's Influence on Use of NFP

	Males N = 40		Females N = 67	
	N	%	N	%
To continue using NFP	2	5.0	2	3.0
To stop using NFP	1	2.5	3	4.5
MD had no influence	37	92.5	61	91.0
No response	0	0	1	1.5
Totals	40	100.0	67	100.0

Note. N = 107

fertile days on their honeymoon and then began sole use of NFP said:

It is interesting to note that my physician tried very hard to talk me out of using the diaphragm, and wanted me to use the pill. Little did he know that it was not a choice between pill and diaphragm, but diaphragm and NFP!

The vast majority of women, 60, or almost 90%, learned NFP from a class given by an NFP instructor (Table 19). Twenty-eight, or 41.8%, listed a book as a method of learning. With this question they were asked to check all that apply, so many checked more than 1 response. However, 3 males and their 3 wives, plus 2 additional women indicated that a book was their sole source of instruction. Of the females 2, or 3%, stated they learned NFP from a physician, while no males indicated this. Almost 15% of women learned from friends, but in many cases these friends were NFP instructors. "Other" was checked by 1 female, and she stated this was a relative. She had also checked NFP instructor, so the instructor may have been her relative.

Of those who learned from a class, well over half of both men and women indicated that the class was less than 10 miles from their home (Table 20) and only 12.5% of the men and 15% of the women had to travel more than 20 miles one way to the class. However, there were 2 men and 3 women who traveled more than 50 miles one way to the class. This investigator had suspected that the distance

Table 19
Natural Family Planning Instruction

	Males N = 40		Females N = 67	
	N	%	N	%
How Learned the NFP Method ^a				
Class	35	87.5	60	89.6
Book	17	42.5	28	41.8
Physician	0	0	2	3.0
Other health professional	0	0	0	0
Correspondence	1	2.5	2	3.0
Friends	5	12.5	10	14.9
Other	7	17.5	1	1.5
Information Given About Other Methods of NFP During Instruction				
	20	50.0	32	47.8
Taught That a Specific Method of NFP Was Superior to Other NFP Methods During Instruction				
Yes	30	75.0	53	79.1
No response	1	2.5	1.	1.5

Note. N = 107

^aMore than 1 response possible

Table 20
Class Distance From Home

	Males N = 40		Females N = 67	
	N	%	N	%
If Learned From Class, Distance From Home to Class				
0-10 miles	23	57.5	40	59.7
11-20 miles	7	17.5	11	16.4
21-30 miles	1	2.5	4	6.0
31-40 miles	1	2.5	3	4.5
41-50 miles	1	2.5	0	0
50+ miles	2	5.0	3	4.5
No response/ not applicable	5	12.5	6	9.0

Note. N = 107

required to travel to a NFP class may be one of the factors hindering use of NFP. For the vast majority of this sample the distance does not seem to be prohibitive. However, based on a meeting of NFP instructors in Salt Lake City in December 1989, there are only 6 known teaching couples in the state of Utah. Four of these live in Salt Lake City, 1 in Price, and 1 in Monticello. Apparently there are no NFP instructors in other areas of the state. So it could be that there are many people who have never taken a class in NFP (and, therefore, were not eligible to answer this survey), who would take a class if they could find one closer to their home.

When the women were asked if they were taught about other methods of NFP during their instruction on a particular method, 35, or about 48%, said yes (Table 19). Twenty, or 50%, of the men also answered yes. Of the 37 couples who were paired and compared on this answer, there were 8 who did not agree. Often during instruction on a NFP method, there is a brief note about other NFP methods, and some may remember it while others will not consider it important enough to remember. It is also remotely possible in the case of discrepancy on this answer that the husband and wife did not receive instruction from the same source.

Over three-fourths of both men and women did indicate that during instruction they were taught that the specific

method they were learning was superior to other methods of NFP (Table 19). When couples were paired and compared on this answer, 31 were in agreement while 7 were not. The reasons for the discrepancy could be the same as those cited above. The fact that the majority were taught that one method is superior to another points to the lack of unity among promoters of NFP.

There certainly are advantages and disadvantages to each method. However, when comparing the sympto-thermal method and the ovulation method, it seems that how important one advantage or disadvantage is depends on the lifestyle of the person using the method. Temperature taking as a crosscheck of the mucus sign may indeed increase effectiveness for some, but certainly not for those who cannot, for various reasons, take an accurate BBT. On the other hand, those who enjoy the simplicity of the ovulation method may not be getting all the information they need to meet their family planning objectives. An example is the woman who was quoted previously who did not know if she was ovulating. Again, it would seem that all would benefit if the individuals were given all the information on advantages and disadvantages and then were allowed to decide for themselves which method is best for them.

Factors Affecting the Use of
Natural Family Planning

For both males and females, contact with other NFP users was cited most frequently as a facilitating factor in the use of NFP. This was cited by 19, or 47.5%, of males and 34, or 50.7%, of females (Table 21). Considering the small percentage of people reported to be using NFP, this contact with other NFP users may not occur very often. The second most frequently cited factor facilitating use was the belief that NFP is the only right way to regulate family size. Over 45% of both men and women held this belief. A NFP newsletter was the third most frequently cited facilitating factor, and all others were marked considerably less frequently. For those who marked "other" many were referring to a supportive spouse, while the rest mentioned the fact that NFP was safe, healthy, and without side effects, and their knowledge of this facilitated their use.

Even though contact with other NFP users was cited most frequently as a facilitating factor, there was not a large number who were interested in participating in a network of NFP users for the purpose of support and/or to act as consultants to others considering NFP. Twelve, or 30%, of the men said they would be interested, while 28, or 70%, said no (Table 22). There was slightly more interest among the women, with 27, or about 40%, who said

Table 21
Factors Facilitating Use of Natural Family Planning

Factor	Males N = 40				Females N = 67							
	Yes		No		NA/No Response		Yes		No		NA/No Response	
	N	%	N	%	N	%	N	%	N	%	N	%
NFP Newsletter	13	32.5	24	60.0	3	7.5	24	35.8	32	47.8	11	16.5
Contact with NFP users	19	47.5	18	45.0	3	7.5	34	50.7	22	32.8	11	16.5
Church support	6	15.0	31	77.5	3	7.5	18	26.9	38	56.7	11	16.5
Belief only right way	18	45.0	19	47.5	3	7.5	31	46.3	25	37.3	11	16.5
Physician/health professional support	3	7.5	34	85.0	3	7.5	2	3.0	54	80.6	11	16.5
Other	7	17.5	30	75.0	3	7.5	9	13.4	47	70.1	11	16.5

Note. N = 107

Table 22
Interest in Participating in NFP Network

		Males N = 40				Females N = 67				Total N = 107			
N	Yes	No		Response	%	No		Response	%	No		Response	%
		N	%			N	%			N	%		
12	30	28	70	0	0	27	40.3	39	58.2	1	1.5	39	36.4
										67	62.6	1	0.9

they were interested in such a network. The reason for this is not clear except that in today's busy world few people want one more thing to do. A few people made comments that they did not have the time right now.

This investigator wanted to know if discussing NFP with others was something that facilitated NFP use or not. In this sample 57, or over 96%, of females and 34, or almost 90%, of males indicated that they had discussed NFP with others. Both males and females indicated most frequently that they discussed NFP with friends, followed by relatives next most frequently (Table 23). Physician was the third most frequent response for females, with over 48% of females indicating that they had discussed NFP with physicians. However, only about 15% of males had discussed this with physicians. For males the third most frequent response was co-workers, which was marked by 16, or over 47%, of the males.

This survey also asked the NFP users who did discuss NFP with others to rate the response from others on a scale of 1 (very negative) to 5 (very positive) (Table 24). For males the most positive response was from other health professionals, with a mean score of 3.5. However, only 6 males actually discussed NFP with other health professionals. For males, relatives gave the next most positive response with a mean of 3.48, and friends the third most positive with a mean of 3.19, which is just

Table 23
Discussed Natural Family Planning With Others

	Males N = 34		Females N = 56	
	N	%	N	%
Discussed NFP With ^a				
Friends	31	91.2	53	94.6
Relatives	23	67.6	45	80.4
Co-Workers	16	47.1	10	18.2
Physicians	5	14.7	27	48.2
Other health professionals	3	8.8	11	19.6
Other	2	5.9	5	8.9

Note. N = 90

^aMore than 1 response possible

Table 24
Response From Others When Discussing Use of NFP

	Males	Females
Friends		
Number	32	55
Median	3.00	4.00
Mean	3.19	3.46
Standard deviation	0.80	1.10
Range	1-5	1-5
Relatives		
Number	29	49
Median	4.00	4.00
Mean	3.48	3.63
Standard deviation	1.06	1.24
Range	1-5	1-5
Co-Workers		
Number	18	17
Median	3.00	3.00
Mean	2.61	2.53
Standard deviation	1.04	1.13
Range	1-4	1-5

Table 24 Continued

	Males	Females
Physician		
Number	9	32
Median	3.00	2.00
Mean	2.89	2.41
Standard deviation	0.33	1.19
Range	2-3	1-5
Other Health Professional		
Number	6	16
Median	3.00	3.00
Mean	3.50	3.06
Standard deviation	0.84	1.39
Range	3-5	1-5

Notes. $N = 107$
 1 = Very negative
 5 = Very positive

above neutral. Both co-workers and physicians gave responses that were generally rated as negative, with means of 2.61 and 2.89, respectively. In fact, no male indicated that he had received a positive response from a physician.

Females rated the response from relatives as the most positive with a mean score of 3.63, while the responses from other health professionals was also on the average rated as slightly positive. Again, co-workers and physicians gave responses that were generally rated as negative. Over half of the 32 females who had discussed NFP with a physician received a negative or very negative response. As friends and relatives would be expected to have a bigger influence in one's life than co-workers, especially in an area as personal as family planning, the positive response from them probably has more of an impact than the relatively negative response from co-workers. And, as was previously explained, the response from physicians had little effect on the use of NFP in this group. Again this is reflective of certain characteristics of "typical NFP users." There seems to be a more internal locus of control and a willingness to persevere in a chosen course of action despite negative feedback from what others might consider authorities or experts in the field of family planning.

CHAPTER IV

SUMMARY AND RECOMMENDATIONS

Limitations

This descriptive study of NFP users in Utah was conducted after locating 189 potential participants. The results of this study cannot be generalized to the total population of NFP users as this study did not utilize a random sample.

There is also the potential problem with survey research that participants may give answers that they believe the researcher wants. This was controlled for in part by making the survey totally anonymous and by attempting to word questions in a neutral manner so that no answers would be viewed as good or bad.

There was an overall response rate of 56.6% which demonstrates that 43.4% of those who received the survey did not respond. However, this is a higher response rate than the 39% rate obtained with the national NFP survey done in 1987 (Boys, 1988). This is attributed to the fact that the majority of these respondents were contacted by telephone to explain the survey and encourage participation prior to the mailing in October. There was not an attempt made to discover why the 43.3% chose not to

participate so one can only speculate as to the reasons. Many may have felt that a 6-page questionnaire would take too much time. It could be that many of the nonresponders never used NFP after they obtained instruction and therefore believed that they could not contribute to the survey. There were a few persons who expressed that reservation about completing the survey when they were initially contacted by telephone.

There was a much higher response rate from women, 71% versus the 43% for men. It may be that women are more likely to return a mailed questionnaire in general. Also, some men may believe that they are not as knowledgeable about these methods if their partner is doing all the fertility observations and charting.

Implications for Research

There were 107 returned questionnaires from which the following data were obtained. On the average the respondents were Caucasian, in their early thirties, had a college degree, and were in the middle income bracket. The majority of these NFP users attended church regularly. There was a small number of shift workers. This is a subgroup of NFP users that may deal with unique barriers to the use of NFP, which could well be the subject of future research.

This sample indicated that friends and relatives were more frequently the source of family planning information

than were health professionals. Women who had contact with and received more family planning information from physicians indicated that the information they received about NFP was on the average slightly inaccurate. It may be useful in future research to survey health professionals to directly assess their knowledge about and attitude toward NFP.

Of this group of 107 persons no one was referred to NFP by a family planning clinic, and only 5% of men and 7% of women were referred to NFP by health care professionals. Again future research could include a survey of health professionals to find out what they suggest when a client expresses an interest in a natural family planning method. Also it would be useful to know how many know about and/or would consider referrals to certified NFP instructors.

For this sample the factors that were most often cited as facilitating use of NFP were contact with other NFP users, and a belief that NFP was the only right way to regulate family size. This belief may have developed for many only after receiving instruction in NFP because over 70% of men and about 63% of women had used contraception in the past. The majority of both men and women in this sample wished that they had been informed about NFP sooner. This indicates that there is a need for wider dissemination of information about modern NFP.

The NFP users in this sample were using the symptothermal method most frequently, followed closely by the ovulation method. BBT was rarely used, and calendar rhythm as a single method was not used at all. The majority of those not using NFP currently indicated that they were currently pregnant. It would be informative in future studies to follow up to see what percentage actually resume use of NFP after the conclusion of the pregnancy. The majority of respondents were using an NFP method to avoid pregnancy, while a smaller percentage were spacing and only a few were trying to achieve pregnancy.

The fact that this study found a significantly higher satisfaction rating among women when compared to their spouses should be further evaluated. It would be useful to know what factors contribute to the satisfaction rating. Given that dissatisfaction was found most in those women who were no longer using NFP it would be interesting to determine how important female satisfaction among a specific group is in promoting NFP use.

This study simply identified some of the factors that hinder and facilitate the use of NFP in a particular part of the country. Future research needs to address ways to eliminate the barriers and strengthen the factors that facilitate NFP use so that all those who may be interested in natural methods of family planning will have the opportunity to learn about and use these methods.

Implications for Nursing

Nurses, nurse-midwives, and all health professionals who provide family planning methods for their clients need to be knowledgeable about the natural methods of family planning. As was pointed out in the literature review and confirmed by the responses to this questionnaire, there are many health professionals who have limited or inaccurate information about NFP.

Until the textbooks for medical and nursing students are updated with current NFP information, all students would benefit from a presentation from an expert in the field of NFP sometime during their curriculum on family planning.

Also nurses, nurse-midwives, as well as physicians, must address their own feelings about having clients who are totally self-sufficient in the area of family planning. So many health professionals are used to prescribing pills or fitting devices for their clients, that dealing with clients who do not require medical follow up for their family planning method is somewhat of a culture shock.

APPENDIX A

SURVEY

The following questions pertain to persons who have obtained instructional information regarding natural family planning (NFP) at some point in their childbearing years. If you no longer use NFP or never actually initiated use of a NFP method please answer the questions that apply to you.

1. What is your age in years? _____
2. What is your marital status?
Single _____ Separated _____ Widowed _____
Married _____ Divorced _____ Other _____
3. What is your sex? MALE _____ FEMALE _____
(If male skip to question 6)
4. How many times have you been pregnant? _____
(Include current pregnancy if you are pregnant now.
0 If never pregnant.)
5. What was the outcome of pregnancies that you have completed? Put the number of times in each space.
Place a 0 if you never had one of these.
Live birth _____ Abortion _____
Stillbirth _____ Tubal/Ectopic _____
Miscarriage _____ Other _____
6. Have you ever used a natural method of family planning to avoid or achieve pregnancy?
YES _____ NO _____
(If no, please skip to question 11.)

7. If yes, what methods have you ever used? Check all methods used and circle the one most recently used.
- Calendar Rhythm _____ Other (specify) _____
- Basal Body Temperature (BBT) Only _____
- Ovulation Method (i.e., Billings, Creighton, mucus only, etc.) _____
- Sympto-thermal Method _____
8. Are you currently using a NFP method?
- YES _____ NO _____
- (If yes, check which method. If no, please skip to question 10.)
- Calendar Rhythm _____ Other (specify) _____
- Basal Body Temperature (BBT) Only _____
- Ovulation Method (i.e., Billings, Creighton, mucus only, etc.) _____
- Sympto-thermal Method _____
9. Check the one reason that you are currently using the method.
- To achieve pregnancy _____
- To space pregnancies (you desire more children but not right now) _____
- To avoid pregnancy (you do not intend to conceive more children) _____
- Not concerned about whether or not you become pregnant _____
10. If you are not currently using NFP, please check the one reason that applies.
- Pregnant now _____ Past menopause _____
- Hysterectomy _____ Other (please specify) _____
- Dissatisfied with the method _____

11. Who referred you to natural family planning instruction?

Relative _____

Friend _____

Priest/Minister _____

Natural Family Planning teacher _____

Family Planning Clinic _____

Physician _____

Other health care professional (please specify)

Media (books, literature) _____

Other _____

12. Check all sources where prior to your referral to NFP, you received information about family planning/contraception. (Any source during your lifetime.) Circle the source where you received the most information.

Friends _____

Family planning clinic _____

Relatives _____

Physician _____

Media (TV, magazines) _____

Health or Sexuality Class _____

Other health professional _____

13. Did you use some other method of birth control (contraception) prior to finding out about NFP?

YES _____

NO _____

14. Do you wish you had been informed about NFP sooner?

YES _____

NO _____

15. During your instruction on NFP, were you taught about other methods of NFP?

YES _____

NO _____

16. Were you taught that the specific method of NFP that you were learning was overall superior to other methods of NFP?

YES _____

NO _____

17. Has your physician's (or other health care provider's) response influenced your decision to use NFP?

YES to continue using _____

YES to stop using _____

NO influence _____

18. How did you learn to use the method? (Check all that apply)

Class from NFP instructor _____

Book/self taught _____

Physician _____

Other health professional _____

Correspondence _____

Friends _____

Other _____

19. If you learned from a class, how many miles from your home was the class?

Less than 10 miles _____

11-20 miles _____

21-30 miles _____

31-40 miles _____

41-50 miles _____

Greater than 50 miles _____

(If you never initiated use of NFP, skip to question 27.)

20. Now that you have used NFP, how would you rate the information you received (if any) about NFP from the following sources. If no information from one of the sources check NA (not applicable). Circle the number that corresponds with the best response.

	NA	Very inaccu- rate	Inaccu- rate	Neu- tral	Accu- rate	Very accu- rate
Friends	_____	1-----	2-----	3-----	4-----	5-----
Relatives	_____	1-----	2-----	3-----	4-----	5-----
Media	_____	1-----	2-----	3-----	4-----	5-----
Church	_____	1-----	2-----	3-----	4-----	5-----
Physician	_____	1-----	2-----	3-----	4-----	5-----
Other health professional	_____	1-----	2-----	3-----	4-----	5-----

21. Have any of the following facilitated your use of NFP? (Check all that apply)

NFP newsletter _____

Contact with others who use NFP _____

Church support _____

Belief that it is the only right way to regulate
family size _____

Physican/health professional support _____

Other _____

22. Have you discussed NFP with others since you started using the method?

YES _____ NO _____

If yes, who?

Friends _____ Physicians _____

Relatives _____ Other health professionals _____

Co-workers _____ Other _____

23. What has been the response from the following persons in regards to your mentioning NFP? Please circle the number that corresponds with the most correct answer. Check NA (not applicable) if you didn't discuss it with them.

	NA	NEGATIVE	NEUTRAL	POSITIVE
Friends	_____	1-----2-----3-----4-----5		
Relatives	_____	1-----2-----3-----4-----5		
Co-workers	_____	1-----2-----3-----4-----5		
Physicians	_____	1-----2-----3-----4-----5		
Other health professionals	_____	1-----2-----3-----4-----5		

24. How many months after you completed initial instruction in NFP before you were confident in your own ability to recognize and chart signs of fertility without consulting an instructor? (NA if self taught.)

Number of months _____

25. How long have you been using a natural method of family planning?

_____ Years _____ Months

26. Have you experienced any unplanned pregnancies while using a natural family planning method?

YES _____

NO _____

If yes, to what do you attribute the pregnancy?

Method failure (you followed the rules of the method) _____

Decision to have intercourse on a day of possible infertility _____

27. How would you rate your overall satisfaction with the method? Please circle the number that corresponds with the best answer.

Very unsatis- fied	Unsatis- fied	Neutral	Satis- fied	Very satis- fied
1-----	2-----	3-----	4-----	5-----

28. What is your total family income per year? (In rounded figures)

Annual income \$ _____

29. How many years of school have you completed? (High school = 12 years)

Number of years of school _____

30. Do you have a religious preference?

YES _____

NO _____

If yes, what religion?

Jewish _____

Christian/Protestant _____

LDS _____

Other (specify) _____

Roman Catholic _____

31. During the last five years which of the following best describes your attendance at church services?

Never attend _____

Attend less than once a month _____

Attend once or twice a month _____

Attend once a week _____

Attend more than once a week _____

32. What is your race?

Caucasian _____

Black _____

Oriental _____

Spanish American _____

Other _____

33. How many children do you have? (Biologic and adopted)

Number of children _____

34. How many children did you or do you intend to have?

35. Are you employed outside the home?

YES _____

NO _____

If yes, do you work swing shifts (alternating days, evenings and/or nights)?

YES _____

NO _____

36. Would you be interested in participating in a network of NFP users for support and/or act as consultants to those considering NFP?

YES _____

NO _____

Thank you for participating in this survey. Please add any additional comments you think would be helpful.

APPENDIX B

SURVEY EVALUATION FORM

Please answer each item in the survey as if you were actual participants in the study. Then critically evaluate the questions using this form. If you believe the question should be rewritten please indicate what needs to be changed. If you believe the question should be deleted please state why.

Question #1

- This question
- a) Is appropriate as written _____
 - b) Is difficult to understand/answer and should be rewritten _____
 - c) Should not be used at all _____

Question #2

- This question
- a) Is appropriate as written _____
 - b) Is difficult to understand/answer and should be rewritten _____
 - c) Should not be used at all _____

Question #3

- This question
- a) Is appropriate as written _____
 - b) Is difficult to understand/answer and should be rewritten _____
 - c) Should not be used at all _____

Question #4

- This question
- a) Is appropriate as written _____
 - b) Is difficult to understand/answer and should be rewritten _____
 - c) Should not be used at all _____

Question #5

- This question
- a) Is appropriate as written _____
 - b) Is difficult to understand/answer and should be rewritten _____
 - c) Should not be used at all _____

Question #6

- This question
- a) Is appropriate as written _____
 - b) Is difficult to understand/answer and should be rewritten _____
 - c) Should not be used at all _____

Question #7

- This question
- a) Is appropriate as written _____
 - b) Is difficult to understand/answer and should be rewritten _____
 - c) Should not be used at all _____

Question #8

- This question
- a) Is appropriate as written _____
 - b) Is difficult to understand/answer and should be rewritten _____
 - c) Should not be used at all _____

Question #9

- This question
- a) Is appropriate as written _____
 - b) Is difficult to understand/answer and should be rewritten _____
 - c) Should not be used at all _____

Question #10

- This question
- a) Is appropriate as written _____
 - b) Is difficult to understand/answer and should be rewritten _____
 - c) Should not be used at all _____

Question #11

- This question
- a) Is appropriate as written _____
 - b) Is difficult to understand/answer and should be rewritten _____
 - c) Should not be used at all _____

Question #12

- This question
- a) Is appropriate as written _____
 - b) Is difficult to understand/answer and should be rewritten _____
 - c) Should not be used at all _____

Question #13

- This question
- a) Is appropriate as written _____
 - b) Is difficult to understand/answer and should be rewritten _____
 - c) Should not be used at all _____

Question #14

- This question
- a) Is appropriate as written _____
 - b) Is difficult to understand/answer and should be rewritten _____
 - c) Should not be used at all _____

Question #15

- This question
- a) Is appropriate as written _____
 - b) Is difficult to understand/answer and should be rewritten _____
 - c) Should not be used at all _____

Question #16

- This question
- a) Is appropriate as written _____
 - b) Is difficult to understand/answer and should be rewritten _____
 - c) Should not be used at all _____

Question #17

- This question
- a) Is appropriate as written _____
 - b) Is difficult to understand/answer and should be rewritten _____
 - c) Should not be used at all _____

Question #18

- This question
- a) Is appropriate as written _____
 - b) Is difficult to understand/answer and should be rewritten _____
 - c) Should not be used at all _____

Question #19

- This question
- a) Is appropriate as written _____
 - b) Is difficult to understand/answer and should be rewritten _____
 - c) Should not be used at all _____

Question #20

- This question
- a) Is appropriate as written _____
 - b) Is difficult to understand/answer and should be rewritten _____
 - c) Should not be used at all _____

Question #21

- This question
- a) Is appropriate as written _____
 - b) Is difficult to understand/answer and should be rewritten _____
 - c) Should not be used at all _____

Question #22

- This question
- a) Is appropriate as written _____
 - b) Is difficult to understand/answer and should be rewritten _____
 - c) Should not be used at all _____

Question #23

- This question
- a) Is appropriate as written _____
 - b) Is difficult to understand/answer and should be rewritten _____
 - c) Should not be used at all _____

Question #24

- This question
- a) Is appropriate as written _____
 - b) Is difficult to understand/answer and should be rewritten _____
 - c) Should not be used at all _____

Question #25

- This question
- a) Is appropriate as written _____
 - b) Is difficult to understand/answer and should be rewritten _____
 - c) Should not be used at all _____

Question #26

- This question
- a) Is appropriate as written _____
 - b) Is difficult to understand/answer and should be rewritten _____
 - c) Should not be used at all _____

Question #27

- This question
- a) Is appropriate as written _____
 - b) Is difficult to understand/answer and should be rewritten _____
 - c) Should not be used at all _____

Question #28

- This question
- a) Is appropriate as written _____
 - b) Is difficult to understand/answer and should be rewritten _____
 - c) Should not be used at all _____

Question #29

- This question
- a) Is appropriate as written _____
 - b) Is difficult to understand/answer and should be rewritten _____
 - c) Should not be used at all _____

Question #30

- This question
- a) Is appropriate as written _____
 - b) Is difficult to understand/answer and should be rewritten _____
 - c) Should not be used at all _____

Question #31

- This question
- a) Is appropriate as written _____
 - b) Is difficult to understand/answer and should be rewritten _____
 - c) Should not be used at all _____

Would you like a summary of the results of the Utah survey?

YES _____ NO _____

Thanks so much for your help.

APPENDIX C

COVER LETTER

Dear Survey Participant,

In the last 10-15 years there have been numerous studies and refinements of the more effective methods of natural family planning (NFP), specifically the sympto-thermal, and the ovulation (Billings) method. These methods have been found to be very effective when used properly both to avoid and achieve pregnancy. However, there has only been a slight increase in the use of these safe, reliable methods of family planning. I found out about NFP through a friend, and began using the sympto-thermal method almost 5 years ago. Since then I have discovered that there are a lot of people, especially health professionals, who were ignorant of these methods.

I would like to identify the barriers that keep people from finding out about and effectively using these methods. Hopefully, I will also identify those factors that facilitate NFP use. By identifying these barriers and facilitators in a specific area (Utah), a plan can be made to eliminate the barriers and develop more opportunities for couples to know about and use NFP if they wish.

For this reason I am asking you to fill out the survey as completely and as honestly as you can, and mail it back to me as soon as possible. If you and your spouse are both completing a questionnaire please do so independently. All information will be treated with confidentiality. In order to ensure this, I am asking that you complete the survey and return it without a return name or address on the survey or the stamped envelope. All data will be reported by groups, with no one person identified. Participation in this survey is totally voluntary. The return of your survey will imply consent to participate in the study and to use the information in compiling the statistics and reporting the results in my masters thesis. There are no risks to you. Benefits will involve increased knowledge about ways to help couples know about NFP.

If you have any questions about the study you may call me at 547-0253 or call the Institutional Review Board of the University of Utah at 581-3655.

Thank you very much for your help.

If you would like an abstract of my study when it is completed, please put your name and address on this cover letter and mail it to me in a separate envelope.

Sincerely,

Eileen M. Knapp
Master of Science Candidate (Nursing)
University of Utah College of Nursing
2533 Cherry Lane
Layton, Utah 84040

APPENDIX D

COMMENTS FROM SURVEY PARTICIPANTS

102 I have taught NFP classes for several years in a hospital as well as one on one environment. I may have had much more contact with a number of physicians, be it at conferences to help NFP teachers or my own physician. Needless to say, my physician at two locations has not been supportive of NFP.

103 We already refer couples to NFP teachers that we know. Our schedule at this time is too complicated to attempt to give this program the attention it deserves. The most positive result has been the fact that since I can share my intimate body workings with my husband, and talk about it with him, there is absolutely nothing now I can't discuss with him.

104 One additional benefit of NFP: With this pregnancy I conceived on the 30th day of my cycle. If we figured the baby's due date based on first day of last period as usual, we'd be two weeks off in our prediction. Knowing the date of conception helps to be more accurate. I hope you are able to get the medical community to recognize and teach about NFP.

111 I use a combination of several NFP methods--sort of a "total body awareness" method--I think awareness of what's happening to my body each month is the key.

112 We used the diaphragm for the first three days of our honeymoon since I was fertile, but we stopped and just abstained for the rest of it because I was so worried that the diaphragm wouldn't work (cause I knew I was fertile). We did not become pregnant and have abstained (used NFP) for the other two cycles since then. I am much happier, and feel more confident in NFP than I did relying on a device. It is interesting to note however, that my physician tried very hard to talk me out of using the diaphragm, and wanted me to use the pill. Little did he know that it was not a choice between pill and diaphragm, but diaphragm and NFP!

114 I went to an NFP class at Utah Valley Hospital, but every time I thought about using it, I would decide to get pregnant. I nurse, and this was a natural method of birth control for us for about 14 months after each birth. We would use condoms for a few months then decide to get pregnant.

118 To me the sympto-thermal method was very complicated and emphasis was put more on temperature; and I am not a reliable temp taking person. Nor do I like to check my cervix. Billings method on the other hand, was more natural to me because mucus observations are made

throughout the day. No fussing. Just chart at end of day. Simple!

119 I never truly know when I ovulate. I can see the mucus signs, but don't know if I ovulate before or after the clear stretchy mucus. We use the method to conceive but we just have trouble conceiving. We don't know why.

126 We found natural family planning good to use until we had children. Then it was hard for me to use because of getting up at night, nursing, and not getting up at the same time every morning. Also my sexual desire was highest when I was ovulating.

127 I'm not totally sure the NFP helped me in not getting pregnant, as I have had unprotected sex for six years without pregnancy, and now that I'm trying to get pregnant for the past 4 years, I haven't yet. So I am diagnosed infertile. Whether or not I was fertile or infertile while using NFP, now I'm not sure, or when or why it occurred. Also I was Catholic when I learned about NFP through the Catholic Church/not Protestant then.

131 I was first introduced to NFP by a fellow student at a Catholic college who was a nursing student. This NFP was Billings. I charted off and on for 4 years with Billings without being sexually active. At the time of my engagement, my fiance and I went to a sympto-thermal class and preferred that, and have used that since our marriage.

145 We were interested in NFP. We were moving when we consulted the NFP instructors so we never went to the classes, just received the literature which we never took the time to read entirely. Thus we are still ignorant to a lot of the benefits, yet still interested and willing to learn.

146 Thanks for the survey and raising our level of consciousness on using it.

149 I felt I never got very good at this method, because I was not having periods at the time of instruction. I took my temperature every day for 4 months, but decided it couldn't be too accurate because I was not in bed before midnight a lot of the time, so I used foam which throws off your secretions. My husband wasn't real supportive, and I got lazy, so I didn't really give it a fair chance.

151 I wish they would teach it better to students in high school who have to take sex education class. I thought of it as joke in high school.

152 We have been trying to have another child for almost 4 years now. We used NFP mostly to see when ovulation occurs. We now know that I do not ovulate.

153 We had a long hard struggle finding someone who taught the Billings Method. If there was more information about this in public places such as hospitals, churches, and clinics, possibly more people would be interested in finding out about this method.

156 I was satisfied using NFP and would still be doing so. However, due to health problems resulted from another pregnancy, I chose to have my tubes tied, rather than take the risk of getting pregnant if for some reason NFP failed.

158 I think the idea is great but if you are not confident with it, it is pretty scary if you feel you cannot handle another pregnancy. A person would have to use it for a very long time before you get to the point where you are that confident.

160 Best of luck with your research. My husband has a MBA and I have a MSW, which shows that we made an "educated" decision with which we've been happy.

161 I wish at least one Sunday a year would be designated NFP awareness day. We could hand out information and answer questions. Most people are totally unaware of the new methods and their success.

162 Now that I'm starting menopause I don't feel as secure using NFP, and if I had been irregular during early married life, I'm not sure I would have felt "safe." The tendency is to ignore the not quite safe days. But it did work for me. Husband did grumble at times because he's a shift worker.

204 People ought to know, when we first went on the Billings method, our rate of intercourse doubled!

261 I wish more people would use NFP. My wife's phase 2 seems to be quite long especially when she is breast feeding, and I often find this frustrating.

263 We are currently in a program designed to certify us to be a NFP teaching couple. It is a slow process for us, but we intend to follow through with it. We would happily accept inquiries by personal visit, phone, mail. Appreciated being involved with your survey. Thanks!

APPENDIX E

SOURCES OF INFORMATION ABOUT NFP

Books

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- Billings, J. (1978). The ovulation method of natural family planning. Collegeville, MN: Liturgical Press.
- Billings, E., & Westmore, A. (1980). The Billings method. New York: Random House.
(Includes a list of ovulation method teaching center in the U.S. and around the world)
- Kippley, J., & Kippley, S. (1987). The art of natural family planning. Cincinnati, OH: The Couple to Couple League.
- Roetzer, J. (1981). Family planning the natural way. Old Tappan, NJ: Flemming H. Revell.
- Shivanandan, M. (1983). Challenge to love. Bethesda, MD: KM Associates.

Journal

International Review. Published quarterly by the Human Life Center, University of Steubenville, Steubenville, OH.

Organizations That Teach NFP and Offer Teacher Certification

Diocesan Development Program for NFP
100 Linden Avenue
Irvington, VA 07111
(201) 596-4207
(Provides funding and maintains a list of NFP organizations)

The Couple to Couple League
PO Box 111184
Cincinnati, OH 45211
(Offers individual instruction, teacher certification, and a home study course in the sympto-thermal method)

Family of the Americas Foundtion

1150 Lovers Lane

PO Box 219

Mandeville, LA 70448

(504) 626-7724

(Offers individual instruction and teacher certification
in the ovulation method)

NFP Center of Washington, D.C., Inc.

8514 Bradmoor Drive

Bethesda, MD 20817-3810

(301) 897-9323

(Offers individual instruction and teacher certification
in the ovulation and sympto-thermal methods)

Northwest NFP Services

Providence Medical Center

4805 NE Glisan Street

Portland, OR 97213

(503) 230-6377

(Offers individual instruction and teacher certification
in the northwestern part of U.S. in the sympto-thermal
method)

Pope Paul VI Institute for the Study of Human Reproduction

6901 Mercy Road

Omaha, Nebraska 68106

(402) 390-6600

(Offers individual instruction and training for physicians
in the ovulation method)

Twin Cities NFP Center, Inc.

Riverside Medical Center

Riverside at 25th Avenue South

Minneapolis, Minnesota 55454

(612) 340-9830

(Offers individual instruction and teacher certification
in the ovulation method)

For Information and Introductory Session in
Salt Lake City

Natural Family Planning Office

27 C Street

Salt Lake City, Utah 84103

(801) 328-8641

(Offers referrals to certified instructors in Utah in both
the ovulation and sympto-thermal methods)

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